

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

 State File No. **42009**
 Registrar's No. **10836**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10836	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) b. TOWN St. Louis		2nd 9.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1972 Clara Ave.				d. STREET ADDRESS (If rural, give location) 1972 Clara Ave.			
3. NAME OF DECEASED (Type or Print) Mary		a. (First) Carmel		c. (Last) Berry		4. DATE OF DEATH (Month) (Day) (Year) 12-17-50	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July. 16, 1903	
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Laclede Drug Co.		11. BIRTHPLACE (State or foreign country) St. Louis	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Thomas Berry		13b. MOTHER'S MAIDEN NAME Ellen O'Hara		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John Berry			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic melanoma - Stomach ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) melanoma of inguinal lymph nodes left DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anorexia and malnutrition				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 131X			
22. I hereby certify that I attended the deceased from 10-19-1950 , to 12-17-1950 , that I last saw the deceased alive on 12-17-1950 , and that death occurred at 3:00A m., from the causes and on the date stated above.							
23a. SIGNATURE R.P. Rounce (Degree or title)				23b. ADDRESS 1335 Brown Road, Darden		23c. DATE SIGNED 12-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-20-50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cmrtery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. DEC 19 1950		REGISTRAR'S SIGNATURE J. B. Foster		FUNERAL DIRECTOR'S SIGNATURE Chas. F. Smith ADDRESS 1225 Union			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Clement M. Neuf

Signed.....

Student Embalmer

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.